

RCE

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Application Number: 10/587,544	Confirmation Number: 9689
Filing Date: July 28, 2006	
First Named Inventor: Takashi YAMAMOTO et al.	
Group Art Unit: 2837	
Examiner: Paul Ip	
Attorney Docket Number: 09227.0014	

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 C.F.R. § 1.114: **Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise.** If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment.

- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
 - i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on [Date] _____.
 - ii. ☐ Other _____
- b. ☐ **DO NOT ENTER** the amendment(s) previously filed on [Date(s)] _____. An alternate submission is attached.
- c. ☒ Enclosed submission:
 - i. ☐ Amendment/Reply
 - ii. ☐ Affidavit(s)/Declaration(s)
 - iii. ☒ Information Disclosure Statement
 - iv. ☐ Other _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of [number] months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)
- b. ☐ Other _____

3. Fees

- a. ☒ The filing fee is calculated as follows:
 - i. ☒ \$810.00 RCE fee required under 37 C.F.R. § 1.17(e)
 - ii. ☐ Petition for extension of time for ([number] Months) \$[Fee]
 - iii. ☐ Other _____
- b. ☒ Check in the amount of \$810 enclosed.
- c. ☒ The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account 06-0916.

Signature of Applicant, Attorney, or Agent Required

Name: James W. Edmondson	(202) 408-4000	Reg. No.: 33,871	12/10/2007 JADD01 00000066 10587544
Finnegan, Henderson, Farabow, Garrett & Dunner, L.L.P.		01 FC-1801	810.00 OP

Signature:	Date: December 7, 2007
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